## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## ANNUAL REPORT DOCUMENT # P02000019057

1. Entity Name BLIVET, P.A.



FILED Feb 03, 2006 08:00 AM Secretary of State

Principal Place of Business

4125 60TH COURT VERO BEACH, FL 32967-8810 US Malling Address

4125 60TH COURT VERO BEACH, FL 32967-8810 US



01072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3609028

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMLEL 33145

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| MIAMI, FL 33145                       |   |                                   | IN THIS SPACE  |                                |                          |                    |                      |
|---------------------------------------|---|-----------------------------------|----------------|--------------------------------|--------------------------|--------------------|----------------------|
| 8. The above the obligat              | named entity submits this statement for the pattern of registered agent.                              | ourpose of changing its registere | ed office or n | egistered agent, or b          | oth, in the State of Flo | irida. 1 am famil  | lar with, and accept |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title  | f socicable (NOTE: Registered     | Addot stronger | required when reinstaling)     |                          | DATE               |                      |
| FiL<br>After M                        | E NOW!!! FEE 18 \$150.00<br>ay 1, 2008 Fee will be \$550.00   | 9. Election Campaign Financing    |                | \$5.00 May Be<br>Added to Fees | 1/2/13/06-8              | 1650 <u>0</u>      | 150.00               |
| 10.                                   | OFFICERS AND DIREC  | CTORS                             | •              |                                |                          | <del></del>        |                      |
| title<br>Name<br>Sirlei address       | PTD<br>GAYNOR, GREGG<br>4125 50TH COURT   |                                   |                |                                |                          |                    |                      |
| CITY-ST-ZIP                           | VERO BEACH, FL 329678810  |                                   | l              |                                |                          |                    |                      |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | SVD<br>GAYNOR, DOLORES<br>4125 60TH COURT<br>VERO BEACH, FL 329678810                                 |                                   |                | · · .                          |                          |                    | ·                    |
| THE NAME                              | VERO BEACH, FE 3250/8810  | ·                                 |                |                                |                          |                    |                      |
| STREET ADDRESS<br>CSTY-ST-ZP          |   |                                   |                |                                | NOT W                    |                    |                      |
| NAME<br>STREET ADDRESS<br>CITY-ST-2IP |   |                                   |                | IN                             | THIS SF                  | ACE                |                      |
| TITLE NAME STREET ADDRESS             |   |                                   |                | ••                             |                          | en som e           |                      |
| CITY-ST-ZIP                           |   |                                   |                |                                |                          |                    | •                    |
| TITLE<br>NAME<br>STREET ADDRESS       |   |                                   |                |                                | ·                        |                    |                      |
| CITY-ST-ZIP                           |   |                                   |                |                                |                          |                    | 2                    |
| 12. I hereby of                       | certify that the information supplied with this fi<br>on this report or supplemental report is true a | ling does not qualify for the exe | mptions cor    | ntained in Chapter 11          | 9, Florida Statutes. I   | further certify th | at the information   |

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, untimal other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-7/06

772-778-3825 Daylore Phone #